

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							09/142613	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	1	1	2	1				
TOTAL DEP.	8	1	3					
TOTAL CLAIMS								